

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90203 007 ****61.25



DOCUMENT # N10723

1. Entity Name
GOLD COAST QUILTER'S GUILD, INC.

Principal Place of Business 716 NW 6 DRIVE BOCA RATON, FL 33486 US	Mailing Address P.O. BOX 710 BOCA RATON, FL 33429-0710 US
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2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

01092007 Chg-NP CR2E037 (12/06)



4. FEI Number 59-2524521	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

HILL, JANE
716 NW 6TH DRIVE
BOCA RATON, FL 33486

7. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	NAME	Delete
PD	LOCKE, ELIZABETH 4130 GEORGES WAY BOCA RATON, FL 33434	<input checked="" type="checkbox"/>
TD	MADIGAN, ROSALIE 85 S.W. 11 COURT BOCA RATON, FL 33486	<input checked="" type="checkbox"/>
D	KASSAL, COLETTE 7399 E. COUNTRY CLUB BLVD. BOCA RATON, FL 33487	<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	Change	Addition
		<input type="checkbox"/>	<input type="checkbox"/>
PD	KASSAL, COLETTE 7399 E. COUNTRY CLUB BLVD. BOCA RATON, FL 33487	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TD	JEAN S. DEFRANCES 6451 PARKVIEW DR BOCA RATON, FL 33433	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	MARIANNE HAYCOOK 3410 NE 32 CT LIGHTHOUSE POINT, FL 33064	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEAN S. DEFRANCES **JEAN S. DEFRANCES** 10 JAN. 2007 561-393-6178

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #